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APPLICANTS Armin Klomsdorf, Libertyville, IL; Dale G. Schwent, Schaumburg, IL; Robert S. Trocke, Caledonia, WI;				
** CONTINUING DATA *****				
** FOREIGN APPLICATIONS *****				
IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 10/31/2003				
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance met		STATE OR COUNTRY IL	SHEETS DRAWING 7	TOTAL CLAIMS 25
Verified and Acknowledged Examiner's Signature _____ Initials _____		INDEPENDENT CLAIMS 5		
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TITLE APPARATUS AND METHOD FOR TRANSMITTER PHASE SHIFT COMPENSATION				
FILING FEE RECEIVED 1308	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	